

Instructions - Safety Observations Suggestions

- A. Every employee has the right and responsibility to report on-the-job safety/health hazards along with recommendations for improvements. Every report submitted in a serious and conscientious manner will be investigated. However, acceptance of this report for investigation and review by the Safety Office/Committee does not constitute any acknowledgment that a hazardous condition does in fact exist or that any action concerning the reported condition will be taken.
- B. You are encouraged, *but not required*, to first report your concern to your supervisor. Pointing out your concern to supervisory personnel first should bring about the fastest and most effective corrective action. While you may submit your report anonymously, the inability to discuss your report with you may restrict the effectiveness of the investigation.
- C. If you observe conditions that you feel must be brought directly to the attention of the Safety Office/Committee, complete this form and distribute copies as indicated below.
- D. Reports that do not identify a person or persons having knowledge and/or authority concerning the situation you are reporting may receive a lower priority and take longer to correct.
- E. Reports that do not clearly identify the location of the situation in question may also receive a lower priority and take longer to correct.

Original - Safety Office/Safety Committee
 Region/OSC Safety and Health Office

Copies To - Safety and Health Committee Representative
 Originator
 Supervisor (optional)



Safety Observations and Suggestions

The purpose of this form is to allow WSDOT employees to report observations of unsafe conditions or behaviors (see Instruction Sheet). To report an injury or accident, please use DOT Form 750-013 EF.

Name (Please print)		Phone	Date Submitted																								
Office	Your Mail Stop and Location		Org. Code																								
Location of Hazardous Condition		Date Observed	Time Observed <input type="radio"/> AM <input type="radio"/> PM																								
Have you or others been exposed to or noticed the hazard before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when and for how long?																									
<p>Indicate any of the following involved in the hazardous situation.</p> <table><thead><tr><th colspan="2">Hazardous Condition</th><th colspan="2">Unsafe Act</th></tr></thead><tbody><tr><td><input type="checkbox"/> Unguarded or inadequately guarded</td><td><input type="checkbox"/> Heaving object</td><td><input type="checkbox"/> Lack of deliberation</td><td><input type="checkbox"/> Taking unsafe position</td></tr><tr><td><input type="checkbox"/> Defective tools, equipment, etc.</td><td><input type="checkbox"/> Noise</td><td><input type="checkbox"/> Improper clothing or shoes</td><td><input type="checkbox"/> Failure to use protective equip.</td></tr><tr><td><input type="checkbox"/> Unsafe design or construction</td><td><input type="checkbox"/> Toxic material or hazardous chem.</td><td><input type="checkbox"/> Using unsafe equipment</td><td><input type="checkbox"/> Distraction or inattention</td></tr><tr><td><input type="checkbox"/> Improper storing</td><td><input type="checkbox"/> Slippery surface</td><td><input type="checkbox"/> Improper loading methods</td><td><input type="checkbox"/> Improper turning movement</td></tr><tr><td><input type="checkbox"/> Other (specify below)</td><td><input type="checkbox"/> Poor housekeeping</td><td><input type="checkbox"/> Other (specify below)</td><td><input type="checkbox"/> Improper lifting</td></tr></tbody></table> <div><div></div><div></div><div></div></div>				Hazardous Condition		Unsafe Act		<input type="checkbox"/> Unguarded or inadequately guarded	<input type="checkbox"/> Heaving object	<input type="checkbox"/> Lack of deliberation	<input type="checkbox"/> Taking unsafe position	<input type="checkbox"/> Defective tools, equipment, etc.	<input type="checkbox"/> Noise	<input type="checkbox"/> Improper clothing or shoes	<input type="checkbox"/> Failure to use protective equip.	<input type="checkbox"/> Unsafe design or construction	<input type="checkbox"/> Toxic material or hazardous chem.	<input type="checkbox"/> Using unsafe equipment	<input type="checkbox"/> Distraction or inattention	<input type="checkbox"/> Improper storing	<input type="checkbox"/> Slippery surface	<input type="checkbox"/> Improper loading methods	<input type="checkbox"/> Improper turning movement	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Improper lifting
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Describe Hazard (Use additional sheets if necessary).																											
What corrective action did you take (if any)																											
Have you involved your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name	Phone																								
Is Further Action Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Suggested Actions																										

Forward form to your Region / Service Center / Safety Office.

This section is for acknowledgment and response.				
<input type="checkbox"/> Approved and action completed	<input type="checkbox"/> Pending further cost analysis, information, and/or investigation	<input type="checkbox"/> Other (Specify) _____ _____		
<input type="checkbox"/> Action will be implemented	<input type="checkbox"/> No action taken / planned at this time			
Comments 				
Date Received	Date Replied	Acknowledged By	Projected Completion Date	Date Closed/Completed